



Effective on 12/08/04

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 1111)

# FEE TRANSMITTAL

## For FY 2005

Complete if Known

Application Number	10/014,747
Filing Date	October 26, 2001
First Named Inventor	Willaim H. Dixon
Examiner Name	Kristin M. Derwich
Art Unit	2132
Attorney Docket No.	164144.01
Express Mail Label No.	

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**0.00****METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	0

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
12	- 33 or HP= 0	x 50	= 0		0	0
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
1	- 4 or HP= 0	x 200	= 0			
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 = 0	/ 50 = 0	(round up to a whole) number x 250	=	0

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other:	0

**SUBMITTED BY**

Signature	<i>David S. Lee</i>	Registration No. (Attorney/Agent)	38,222	Telephone	(425) 703-8092
Name (Print/Type)	David Lee	Date	July 27, 2005		



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	: Dixon, et al.	)	
		)	
Applicant	: Microsoft Corporation	)	
		)	
Serial No.	: 10/014,747	)	Examiner: K. Derwich
		)	
Filed	: October 26, 2001	)	Art Unit: 2132
		)	
For	: Method For Providing User	)	Confirmation No.: 5741
	Authentication/Authorization	)	
	And Distributed Firewall Using	)	
	Same	)	

Mail Stop: Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**RESPONSE TO OFFICE ACTION OF MAY 5, 2005**  
**AMENDMENT**

Sir:

In response to the Office Action of May 5, 2005, in connection with the above-identified application, the following amendments and remarks are submitted. Favorable consideration is respectfully requested.